

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10	1					
11		1				
12		1				
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45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	12					
TOTAL DEP.	2					
TOTAL CLAIMS	14					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
51												
52												
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TOTAL DEP.												
TOTAL CLAIMS												